Congressman Mike Simpson



Idaho Gem Award

Idaho Gem Award No	mination Form		
Please type or print			
••		Date:	
Name of nominee:			
Address:			
Home phone:	V	Work phone:	
Nominee resides in	C	ounty	
Has nominee been sub	mitted before? No	Yes	
Nominee Information:			
1. The nominee must	be a resident of the Sec	cond Congressional District.	
		this person should receive this	award.
include, but is not limitThe type of work t	ed to, the following info	but is not to exceed two. The sirmation:	ketch should
• The time commitm			
	ns benefited/impacted th	-	
• The person's level	of initiative, dependabi	lity, and commitment, etc.	
Please also feel free to The nominee's res	_	supplemental information if av	ailable:
 Newspaper articles 	s, letters, honor's receive	ed, etc.	
Please complete the for additional information	<u> </u>	case the panel needs to reach y	ou for
Name of person subm Address:			
Home phone:	Work Phone:	Fax Phone:	

Mail Completed Form To:

Congressman Mike Simpson Attn: Marcia Bain 304 North 8th Street, Room 325 Boise, ID 83702

Or fax to: (208) 334-9533

To confirm that facsimile has been received call: (208) 334-1953